Application for Council Tax Reduction For Universal Credit Claimants

Your personal details	
Name	
Date of Birth	National Insurance Number
DDMMYYYY	
Address	
Claim Reference (if known)	
Home phone number	
Mobile number	
Email	
Your partner's details (if applicable)	
Name	
Date of Birth	National Insurance Number
Other Household Members Please list ev	reryone who normally lives with you
Name person 1	
Date of Birth	National Insurance Number
DDMMYYYY	
Income/ Amount (£) Income Source	e (eg wages) Frequency (eg weekly, monthly)

Inverclyde

Other Household Members Please list everyone who normally lives with you							
Name person 2							
Date of Birth National Insurance Number D M Y Y Income/ Amount (£) Income Source (eg wages) Frequency (eg weekly, monthly)							
Name person 3							
Date of Birth National Insurance Number D M Y Y Income/ Amount (£) Income Source (eg wages) Frequency (eg weekly, monthly)							
Name person 4							
Name person 4 Date of Birth D D M Y Y Income/ Amount (£) Income Source (eg wages) Frequency (eg weekly, monthly)							
Date of Birth National Insurance Number D M Y Y							
Date of Birth National Insurance Number D M Y Y Income/ Amount (£) Income Source (eg wages) Frequency (eg weekly, monthly)							
Date of Birth National Insurance Number D M Y Y Income/ Amount (£) Income Source (eg wages) Frequency (eg weekly, monthly) Evidence of the income of other adults living in your home is needed to support your application							
Date of Birth National Insurance Number D M Y Y Income/Amount (£) Income Source (eg wages) Frequency (eg weekly, monthly) Evidence of the income of other adults living in your home is needed to support your application DECLARATION							

- *I declare* that the information I have given on this form is correct and complete as far as I know and believe.
- *I understand* that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- *I know* that I must let you know in writing straight away about any changes in my circumstances.
- *I understand* that information I have provided in connection with this and/or any other application to CTR that I have made or may make, may be given to The Scottish Government and to other organisations, if the law allows this.

Signature of Applicant

Date	D	D	Μ	Μ	Y	Y
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